

ITEM NUMBER: 7.28 a-c  
CHAPTER 7: Administrative  
Management  
Information  
CODE:

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Title:	Volunteer Form
Effective Date:	8-1999
Authorized By:	Library Board of Trustees/Library Director
Date of Last Revision:	2-2024

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See next page for the Marathon County Public Library Volunteer Form.

Additional forms are kept at the Adult Reference Desk.

## MARATHON COUNTY VOLUNTEER / INTERNSHIP / JOB SHADOW PROGRAM

### RELEASE OF LIABILITY FOR

### UNPAID VOLUNTEERS, INTERNS, JOB SHADOWING VISITORS

PROPOSED VOLUNTEER / INTERN / JOB SHADOW INFORMATION	
Participant Name:	
Participant Address:	
Marathon County Department:	
Participant DOB*:	<i>*Parent/guardian must sign below for participants under age 18</i>
Description of Activity:	
Activity Dates (Approximate)	
Type of Service Participant is Applying for:	<input type="checkbox"/> Volunteer <input type="checkbox"/> Intern <input type="checkbox"/> Job Shadow

We greatly appreciate your interest in volunteer, intern and/or job shadowing activity at Marathon County.

For legal and insurance purposes, Marathon County keeps records of all volunteers, interns, and job shadowing visitors. By signing below, I hereby voluntarily agree to the following terms, conditions and understandings:

#### Terms and Conditions

1. My services to Marathon County are provided strictly in a voluntary capacity as a volunteer, intern, or job shadow participant and without any express or implied promise of salary, compensation or other payment of any kind whatsoever and are furnished without any employment-type benefits, including but not limited to employment insurance programs, unemployment compensation, workers compensation, vacation and other paid time accruals.
2. I will familiarize myself and comply with Marathon County Policies and Procedures applicable to Volunteers and any specific program policies as reviewed with me by my supervisor.
3. I understand I may have access to confidential information and agree to maintain and keep all such information confidential. Improper disclosure of confidential information will result in revocation of my Volunteer, Intern or Job-Shadow participation at Marathon County.
4. I am a representative of Marathon County and will present myself in a professional manner including proper attire and communication etiquette.
5. I will follow all instructions provided by my supervisor and will only provide services assigned to me within the scope of my assigned duties and will only use equipment as assigned to me by my supervisor.
6. I agree to follow Marathon County's safety policies and to perform safe practices while on the job including wearing job-specific Personal Protective Equipment, reporting unsafe work conditions, and reporting on the job accidents.
7. I understand that I will be responsible for my own transportation to and from assigned work sites. If I drive a personal vehicle for purposes of performing assigned duties, I will provide proof that I have a valid drivers license and have personal automobile liability insurance in effect during the duration of my volunteer, intern, or job shadow activity at Marathon County.
8. I understand Marathon County may promote the above Activity for program promotion and/or educational purposes and my photo may be included in such publication(s).

(OVER)

**Release**

1. I understand recognize and appreciate there may be potential hazards associated as a volunteer, intern, or job shadow participant that may expose me to personal injury, including death, or may result in damage to my personal property. I agree to assume those risks and responsibilities and hereby release and forever discharge and hold harmless Marathon County, its successors and/or assigns, from any and all liability, claims, demands of whatever kind or nature, which may arise or may hereafter arise from my participation in this Activity. I understand this Release discharges Marathon County from any liability or claim that I may have against Marathon County with respect to bodily injury, personal injury, illness, death, property loss, or property damage that may result from my Activities with Marathon County. I also understand that Marathon County does not assume any liability for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance in the event of injury or illness.
2. I am voluntarily providing service to Marathon County, without pressure and/or coercion. I agree that I am performing this service for educational, civic, charitable or humanitarian reasons. I am providing service without expectation of payment or reimbursement. I understand that the work I perform will in no way be construed as an obligation to provide me with future paid employment, either permanent or temporary. I further understand that I am not covered by Marathon County's insurance including but not limited to medical, health, property, liability insurance and workers compensation benefits. I agree that my Activity at Marathon County may be terminated at any time by Marathon County or by me.
3. I hereby give Marathon County permission to use their best judgement in obtaining medical service for me to render medical treatment for a medical emergency injury and/or illness. I permit Marathon County to contact the following persons as emergency contacts:

Name \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_  
Name \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

4. I permit Marathon County to publicize my photo and/or video of my participation in the above referenced Activity

I certify that I have read and understand the above Terms and Conditions and Release.

<b>Participant Signature:</b>	
<b>Date:</b>	
<b>Signature of Parent or Legal Guardian</b> (if participant is under Age 18)	
<b>Date:</b>	

<b>Participant Supervisor Signature:</b>	
<b>Date:</b>	

**Department Notice**

***Participants may not participate in above referenced Activity until all signatures are acquired.***

***A copy of this release must be submitted to Risk Management following the signatures of all parties***